Hands-On Learning Sheet	Pre-Study Sheet
Experience Name	
Learning Theme	
What did you do in this experience? What d	lid you learn? Summarize the main points.
What are you interested in?	Why?
What would you like to learn and find out about on your trip?	Why?

Year	Class	Name	Group

Activity Schedule				
Time	Destination	Action Plan	Points to keep in mind and notes for the day of your trip	
	1 1 1			
	1			
	1			
	: !			
	1 1 1			
	1			
	: ! !			
	1			

Hands-On Learning Sheet